

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 003 ***150.00

DOCUMENT # P93000088196

1. Corporation Name

SHORE INVESTMENT GROUP, INC.



Principal Place of Business

3569 91ST ST. N.
SUITE #4
LAKE PARK FL 33403
US

Mailing Address

33569 91ST ST. N.
SUITE #4
LAKE PARK FL 33403
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1993

4. FEI Number

65-0456174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

RICHARD LUCKART C/O LUCKART STUDIOS
3569 ST. N.
SUITE #4
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3569 91st Street N.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME LUCKART, RICHARD
STREET ADDRESS 631 SHORE RD
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ DELETE

TITLE DV
NAME KUEHL, DEBRA S
STREET ADDRESS 12970 NORTH SHORE DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☒ DELETE

TITLE DST
NAME LUCKART, BARBARA
STREET ADDRESS 631 SHORE RD
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE DV
22 NAME Jeff Kuehl
23 STREET ADDRESS c/o Sun State Ins., 3569 91st St. #1
24 CITY-ST-ZIP Lake Park, FL 33403 ☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Luckart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA LUCKART

Date

Daytime Phone #

4-19-99 (561) 775-1066

CR2E034 (1/98)